

Quality Improvement Health Equity Committee

Quarter 3, 2024 Summary Report

Background

The purpose of this report is to summarize Blue Shield of California Promise Health Plan (BSCPHP, BSC Promise, or Blue Shield Promise) Quality Improvement Health Equity Committee (QIHEC) activities, findings, recommendations, and actions that is prepared after each meeting and submitted to the Board Quality Improvement Committee (BQIC). In addition, for the remainder of 2024, the QIHEC will report to the Medi-Cal Committee who reports to the Blue Shield of California Board of Directors via consent agenda, and to DHCS upon request. A written summary of the QIHEC activities will be made available publicly on the Plan's website at least on a quarterly basis.

Summary of QIHEC Activities

The Blue Shield Promise QIHEC meeting was called to order on Thursday, September 19, 2024, by the Chairperson, Dr. Jennifer Nuovo, Chief Medical Officer via telephone conference. Dr. Nuovo welcomed committee members and previewed the agenda.

Introductions and Welcome

Dr. Jennifer Nuovo welcomed committee members, called the meeting to order, and previewed the meeting agenda.

Old Business

There were no action items to be reviewed for old business.

Document Review and Approval (Pre-reads)

The Quality Improvement and Health Equity Transformation Program (QIHETP) program documents were circulated to voting committee members for review and approval via email prior to the QIHEC Quarter (Q), 3, meeting. The following documents were approved by voting committee members:



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- QIHEC Charter
- BSC Promise QIHEC Meeting Minutes Q1 2024
- BSC Promise QIHEC Meeting Minutes Q2 2024
- 2024 BSC Promise QIHEC Work Plan
- 2024-2025 QIHET Program Description
- Health Equity Advancements Resulting in Transformation (HEART) measure set
- QIHEC Policy and Procedure
- QIHETP Policy and Procedure
- Diversity, Equity, Inclusion (DEI) Training Program Requirements Policy and Procedure

Regulatory Updates

Valerie Martinez, Chief Health Equity Officer, Blue Shield Promise Medi-Cal Health Equity Office and QIHEC Co-Chair, provided regulatory updates regarding the following topics:

- DHCS DEI Training Program and Requirements, work in progress and completed to date toward meeting compliance of All Plan Letter (APL) 23-025.
- DMHC APL 24-013- Health Equity and Quality Program Policies and Requirements.
- DMHC Health Equity updates related to the Health Equity Quality Measure Set (HEQMS) and reporting process, and Senate Bill (SB) 923 Gender Affirming Care, draft All Plan Letter for comment released to all managed care health plans.

Member Journey Report

Alexis Duke, Health Equity Analyst, Blue Shield Promise Medi-Cal Health Equity Office, provided an overview of the Member Journey Report, a Health Equity Assessment report. Conducting this assessment allows us to center the member's voice, integrate health equity across Blue Shield Promise, employing a data driven strategy, inform resources and initiatives to reduce disparities.

The Member Journey Report summarizes the member journey to identify our member's needs and understand opportunities to improve member experiences. The intent of the report findings is to improve our ability to support members through their journey navigating the healthcare system, allowing us to better

facilitate coordination of care to address social drivers of health, and confirm members are obtaining needed care, placing additional emphasis on members in most need.

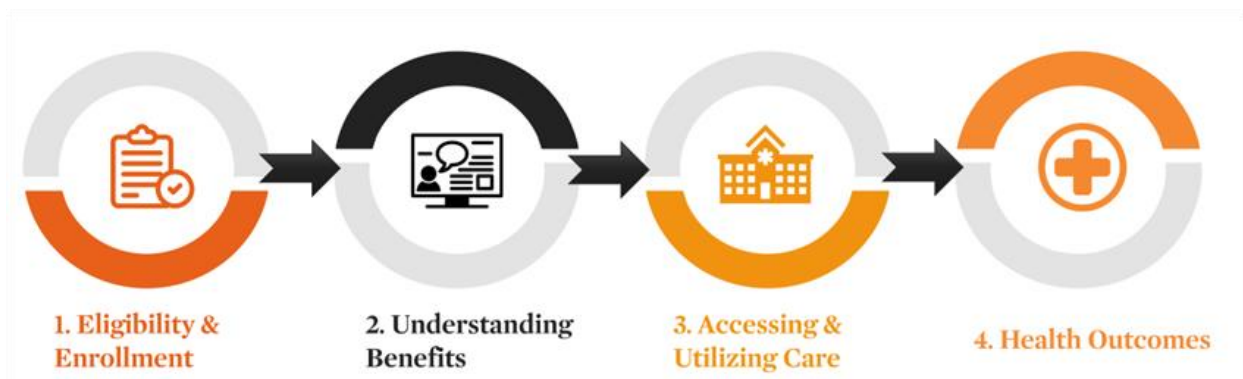
Blue Shield Promise' Health Equity Office partnered with AArete, a healthcare consulting firm, to prepare an assessment of the member journey. This includes eligibility and enrollment, understanding benefits, accessing and utilizing care, and health outcomes. The Intent of this report was to better understand opportunities to improve member experiences with health care and the health plan from an equitable perspective, leveraging a human-centered design approach.

The Methodology used to create the member journey was from stakeholder interviews and data review including surveys such as the Net Promoter Score (NPS) survey findings and member responses and CAHPS (Consumer Assessment of Healthcare providers and systems) survey.

Some examples of questions asked during stakeholder interviews include "what are impactful barriers to members" and "how does your area ensure members have equal access to care."

AArete designed a model outlining the stages of the member journey for children and adults. Each stage was assessed to understand emotions, touchpoints, bright spots and pain points that members may encounter (Reference Figure 1).

Figure 1. Stages of the Member Journey for Children and Adults



Findings and Recommendations



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The report highlighted adult and child member journey successes, or bright spots, as summarized in Figure 2. These include in-person support provided at the Blue Shield Promise Community Resource Centers (CRCs) in Los Angeles County, the availability of member materials in multiple languages, and a well-trained and diverse Care Management and Social Services team.

Figure 2. Member Journey Report Findings: Identified Bright Spots

Bright Spots	
Adult	Child
<ul style="list-style-type: none"> Reliable non-emergency medical transportation (NEMT) Timely translation services A responsive and helpful Member services team In-person support at community resource centers (CRCs) Well-trained and diverse Care Management and Social Services teams Increased Member Satisfaction from non-mandated/value-added benefits provided by Blue Shield Promise Member materials available in multiple languages Members can select providers based on name, gender, and language in the "Find-A-Doctor" portal, allowing Members to align with their provider on these identities 	<ul style="list-style-type: none"> Access to programs like Children's Health Services and Department of Developmental Services Medi-Cal benefits for Kids and Teens Increased care coordination Support from regional centers Community Resources Centers and Regional Centers provide vital face-to-face support for Members under 21 and their parents/guardians Access to regional centers can help Members and their families understand their coverage and have their questions answered CRCs provide many resources for Members with children including new parent classes and free diaper giveaways

The report also highlighted adult and child members' journey opportunities for improvement, or pain points, as summarized in Figure 3. These included member data often being inaccurate which makes it difficult for members to receive materials and welcome calls to better understand their benefits, long wait times, and provider shortages in rural areas, such as a shortage of Speech Therapists presenting a challenge to member access to care.

Figure 3. Member Journey Report Findings: Identified Pain Points

Pain Points	
Adult	Child
<ul style="list-style-type: none"> • Individuals' immigration status causes hesitancy to share demographic information out of fear that their immigration status may be affected • Some Members must rely on a P.O. box for mail adding difficulty to receiving member materials • Member data is often inaccurate, delaying enrollment and correspondence for those without a phone number or mailing address • Members without a phone number or with limited minutes cannot receive a Welcome Call from Member Services, preventing these Members from understanding their coverage and having the opportunity to ask questions • Members that rely on FQHCs likely see different clinicians each visit, making it difficult to develop trust 	<ul style="list-style-type: none"> • The BSP website is difficult for Members to navigate and understand, preventing them from finding their needed support • Medi-Cal Members may lack reliable access to internet • Navigating healthcare system can be Overwhelming for parents • Unawareness surrounding NEMT • Inability to use NEMT to travel to CRCs • Lack of CRCs in San Diego • Lack of provider data synchronization • Long wait times to see a provider • Provider shortages in rural areas • General lack of understanding around Medi-Cal coverage • Overwhelming and confusing involvement of Children's Health Services and Department of Developmental Services • Inconsistent regional center capabilities • Speech therapist shortages • Lack of coordination when aging out of Children's Health Services

These findings can be generalized to the larger Medi-Cal population served by Blue Shield Promise. An enhanced Health Equity lens could be added to the information included within this Member Journey Report by further drilling down into the experiences of members in specific sub-populations that may be more prone to experience health issues and inequities. For example, the adult member journey map included in this report examines the general adult member experience. However, this experience may differ largely for those Blue Shield Promise members who may belong to certain ethnic/racial groups and those who have chronic conditions.

For future journey mapping efforts, AArete, recommends focusing on certain sub-populations for further exploration of their specific member journey. In addition to ethnic/racial groups and those members with chronic conditions, these populations may also include maternal health, justice-involved, those experiencing unsheltered homelessness, serious mental illness, LGBTQIA+ population, members requiring long-term care, etc.

Future recommendations for the adult member journey include, 1) Strategies to improve member contact and demographic information, 2) Assessment of community resources and member outreach, 3) Enhanced member education and value-added benefits, and 4) Leverage diverse data for meaningful insights. For the Child member journey, recommendations include 1) Utilizing texting campaigns and communications to replace phone communications, 2) Restructure care



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management delegation, and 3) Reassess provider networks with a health equity focus.

As the next steps, this report will be shared with all stakeholders internally and the Health Equity Office will work closely to identify opportunities with respective teams to address these findings in calendar year (CY) 2025.

Potential opportunities to address findings include partnering with vendor Violet Health who offers a Provider platform to collect Sexual Orientation and Gender Identify (SOGI) data and provide cultural competency trainings, a common theme highlighted as a bright spot of CRCs in Los Angeles County, this might be a potential opportunity to consider comparable services in San Diego County. Another opportunity is to establish strategic goals to increase member demographic data collection.

As we begin to track and address these findings, the Health Equity Office will report the outcomes to the committee in 2025.

Health Equity Advancements Resulting in Transformation (HEART) Measure Set Monitoring Data Report

Alexis Duke presented the HEART Measure Set Monitoring Data Report Update, an automation project was initiated in August 2024, with a goal of automating all measures on the HEART Measure Set by 12/31/2024.

In partnership with IT, there is work in progress to build a dashboard that will feature validated measures, statistical analysis, member-level data and tracking and trending for efficient disparity analysis. Currently, quarterly monitoring is limited to manual review.

Additionally, a comprehensive annual assessment is planned for Q2 2025.

Health Equity Spotlight: Medi-Cal Maternal & Infant Health Equity

Nicole Evans, Senior Manager, Blue Shield Promise Medi-Cal Maternal and Infant Health Equity, provided a Health Equity Spotlight Report highlighting Blue Shield of California Promise Health Plan's Maternal and Infant Health Equity program. Statistics were shared indicating the worsening maternal and infant health crisis. The intent is for all Blue Shield Promise birthing members to have access to high-quality equitable health care. Initiatives such as a Breastfeeding Resource Guide



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and Learning Collaborative were shared. The Maternal & Infant Health Equity Goals and Milestones Roadmaps from 2024-2028 were shared with the committee.

Health Equity External Engagement

Valerie Martinez reviewed external engagement activities on the following topics:

- DEI Training Collaborative Workgroup (LA and San Diego Counties)
- Insure the Uninsured Project (ITUP)
- Department of Healthcare Services Think Tank
- Healthy San Diego Health Equity Workgroup
- Department of Healthcare Services monthly Chief Health Equity Officer meeting

Health Equity Internal Engagement

Valerie Martinez provided an update on internal engagement stating that the Health Equity Oversight Committee (HEOC) in partnership with Blue Shield of California was launched in August 2024.

Accomplishments of the committee include:

- Inaugural meeting demonstrates collaboration and integration
- Co-chaired by Vice President of Health Transformation and Promise Chief Health Equity Officer
- Establishes equity as priority and central to achieving enterprise goals.
- Composition and charter emphasize critical need that equity is everyone's responsibility

Valerie Martinez reviewed the NCQA Health Equity Accreditation (HEA) timeline stating that the plan is currently on track to submit, and no risks are anticipated.

Health Equity Integration Plan and Framework

Alexis Duke reviewed the Health Equity Integration Plan and Framework. As part of the contract requirement to integrate equity across functional areas, the Health Equity Office will maintain integration plans for functional areas documenting planned activities and outcomes. Planning and implementation are currently in progress and interventions will be presented in 2025.



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In addition to the integration plans, a Health Equity Framework will be provided to functional areas with a regulatory summary, market analysis, glossary of terms and a companion workbook of industry best practices including Medi-Cal Managed Care Plan's approaches to equity.

Yesenia Curiel, Associate VP Behavioral Health and Crisis Intervention Services, AltaMed Health Services, suggested adding an Anti-Racism Framework to the health equity integration plans.

Actions

The committee will continue to present QIHETP Workplan updates, present HEART Measure Set Monitoring Report rates and disparity analysis and identify quarterly Health Equity Spotlight reports.

Additional actionable items the committee members brought forward included 1) Convening a work group of committee members be formed to share and develop strategies and tools to support member data collection, for example, asking members for demographic information. This convening will serve as a brain trust meeting to solve for the findings identified within the written Member Journey Report, and 2) Consideration to add an Anti-Racism Framework to the health equity integration plans.

The Health Equity Office will track the action items and bring updates forward at the next QIHEC meeting.

Closing and Adjournment

Dr. Jennifer Nuovo thanked the committee for their time and feedback. The next QIHEC meeting will be held Thursday, December 12, 2024.